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Country note**

The Comoros

Summary

The Executive Director presents the country note for the Comoros for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. The Comoros, with a population of 560,000, ranks 124th out of 162 countries in terms of the human development index. The per capita gross national product is $350. Since 1985, per capita income has continued to decline steadily at an annual rate of about one to two per cent; it currently stands at about 20 per cent of its 1985 level. Since independence in 1975, the country has suffered political instability which has led to very frequent changes of Government and officials. Since 1997, the crisis relating to the separatist movement in the island of Anjouan has worsened an already precarious situation. In Anjouan, 56 per cent of households, or 70 per cent of individuals live in poverty; in Mohéli the figures are 55 per cent and 64 per cent respectively, and in the island of Grande Comoro, 34 per cent and 41 per cent. The signature in February 2001 of a framework agreement for reconciliation in the Comoros has provided a basis for a durable solution to the current institutional and political crisis. The country remains at risk from possible emergencies caused by socio-political problems should the reconciliation process be unsuccessful; other dangers are volcanic eruptions, cyclones and epidemics.

* E/ICEF/2002/2.

** An addendum to the present report, containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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2. The Comoros ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in 1993 and 1994 respectively. The country submitted its first report to the Committee on the Rights of the Child in 1997. The Committee raised the following issues: the fact that certain human rights conventions had not yet been ratified; the failure to take into account the views of children; low levels of school enrolment for girls; and the absence of social services to assist abused children and the fact that the family code had not yet been adopted.

3. Despite this difficult overall context, some progress has been made in terms of overall infant and child mortality. There has been less success in the areas of education and the protection of children's and women's rights. The infant mortality rate is 61 per 1,000 live births and infant and child mortality stands at 82 per 1,000. The main direct causes of that mortality are malaria, acute respiratory infections, diarrhoeal diseases and malnutrition. These diseases develop against a background of malnutrition which is reflected in moderate and severe low birth weight (25 per cent of births) and stunting which affects 42 per cent of children under five years old. The prevalence of HIV/AIDS infection is still relatively low (0.11 per cent), but the disease could spread rapidly due to the high incidence of sexually transmitted diseases (STD), the low levels of knowledge among the population regarding how the disease is transmitted and how to prevent transmission as well as negative attitudes towards those who are HIV positive. The maternal mortality rate is estimated at 520 per 100,000 live births. This high mortality rate is due largely to inadequate services both as regards ante-natal care and as regards number of births attended.

4. Children's right to protection and basic education is still far from fully realized: 55 per cent of girls and 65 per cent of boys have access to primary school. The average overall score for knowledge at the basic education level is 41.8 for the country as a whole; 44.6 in reading and writing, 44.6 in everyday life and 36.7 in mathematics. The level of such basic knowledge among the population is highly unsatisfactory. The main problems concerning the protection of children are difficulties with birth registration (27 per cent of births are not registered), the exploitation of children placed with families, child labour (37 per cent of children aged between 5 and 14 work), juvenile delinquency and failure to take children's views into account. There are other problems which have not yet been studied in depth, including sexual abuse, violence and children with disabilities.

Lessons learned from past cooperation

5. Discussions held within the framework of the overall review of the current programme have shown that in the light of the almost constant political instability and the human rights-based approach to programming, the programme must focus its cooperation on capacity-building at the community level and particularly on the full development of children. Through this approach, better advantage can be taken of interventions supported by sectoral programmes and other partners. Integrated Management of Childhood Illness (IMCI), community/school partnership and mobilization of many existing community structures will help make the community a key partner in the cooperation programme between the Comoros and UNICEF.

6. Koranic schools provide an appropriate environment for development during early childhood. Almost all Comorian children attend such schools from the age of 3 onwards. The Ministry of Education has decided to include these schools in the national educational system, providing an opportunity to introduce a modernized teaching programme which emphasizes not only religious instruction but also children's cognitive and emotional development.

7. Although the strategy of the Bamako Initiative has met with limited success in terms of health facilities (health centres and health stations), and despite the unstable political and administrative situation, the country has achieved a degree of autonomy in the supply of essential medicines by setting up a central purchasing and distribution structure and by having health facilities get their supplies directly from external suppliers such as the International Development Association. Essential medicines are available in most of the country's health facilities. The bodies responsible for managing health districts (boards of directors and management committees) tend to emphasize financial management rather than working to improve the availability and quality of health services. They play a smaller role in health promotion activities at the village level.

8. The partnership between schools and communities, remains fragile and must be further strengthened. It is also important that school councils at the primary school level and governing boards at the secondary level should be provided with appropriate management tools and the know-how for their use.

9. Unlike other sectoral programmes such as health and education, the implementation of the social planning/promotion and monitoring of children's rights programme has been handicapped by the lack of an institutional partner. Since the committee that monitors children's rights is not an institution, its members have seldom been available to carry out the task assigned to them. Members of this committee are busy with other full-time functions and, apart from three or four people, they are difficult to mobilize.

10. Overall, the main activities undertaken to date by the programme for the promotion and monitoring of children's rights have been in the areas of advocacy and social mobilization in favour of the Conventions relating to children's and women's rights; these activities must be strengthened at all levels. In addition, specific measures for the protection of children must be formulated in order to help the Government and civil society to find solutions to the problems of children needing special assistance; these include juvenile delinquents, children with disabilities, child workers and children who are exploited in the family or subjected to sexual abuse.

11. Up to now, communication initiatives have been undertaken by the social planning/promotion and monitoring of children's rights programme, without significant involvement of sectoral programmes (education, health/nutrition). There must be an overall strategy and communication plan for the cooperation programme as a whole, to ensure that all its components are implemented with due regard for the priority themes of advocacy and social mobilization.

Proposed country programme strategy

12. This strategy is the result of a participatory process involving programme partners in each island and at the central level who represent the community, local associations, non-governmental organizations (NGOs), social-service technicians and international partners. The rights-based approach has been applied in programming, situation analysis and strategy formulation. Formal training in rights-based programming, targeting the programme's key partners, was organized before sectoral work on strategy formulation began. The programme's main actions are intended to make up for the gaps in the capacities of stakeholders and other actors involved in the realization of children's and women's rights in the Comoros. In formulating this strategy account was taken of the recommendations made at the mid-term review, the analysis of the situation of children and women in the Comoros, the results of the overall review of the current programme, the ongoing work in the context of the Common Country Assessment and the United Nations Development Assistance Framework, the statement by the Prime Minister on Government priorities, national sectoral priorities, the UNICEF Medium-Term Strategic Plan for 2002-2005 at the global level and regional priorities.

13. The goal of the 2003-2007 programme is to support the Government in its efforts to ensure the realization of children's and women's rights in the Comoros within a sustainable development perspective based on capacity-building at the community level. The overall aims are to help: (a) develop national policies and strategies in the areas of social welfare, health, education, and emergency preparedness and response; (b) build capacity at the community level with a view to promoting self-management; (c) improve access to and quality of health and education services; (d) reduce infant mortality from 56 to 46 per 1,000 live births; (e) reducing infant and child mortality from 74 to 60 per 1,000 live births; and (f) reduce maternal mortality from 517 to 450 per 100,000 live births.

14. The cooperation programme will apply the following strategies: (a) the application of the rights-based approach at all stages of the programming process; (b) empowerment and mobilization of local actors in favour of the full development of children; (c) the enhancement and development of the capacities of local actors; (d) national capacity-building; (e) provision of services; (f) synergy among programmes in the area of communication; (g) advocacy and social mobilization; (h) assistance to particularly vulnerable children; (i) participation; (j) gender equality; (k) strengthening of the information system in the areas of health, education and protection of children; (l) health education and school health; and (m) emergency preparedness and response. Activities shared among all programmes will be on the following themes: early childhood development; the fight against AIDS; gender equality; and emergency preparedness and response.

15. The goals of the education programme are: (a) to improve the net school enrolment rate from 60 per cent to more than 78 per cent for boys and girls aged from 6 to 12 years in each of the islands; (b) to raise the promotion rate from 55 per cent of children to over 65 per cent; (c) to help the Government set up a pre-school programme suitable for all children aged between three and five regardless of gender or place of residence; (d) to create the necessary environment for a significant reduction in repetition and school drop-out rates, to 10 and 5 per cent respectively, which would contribute to a qualitative improvement in the promotion rate from one level of schooling to the next; and (e) to strengthen partnership

between schools and communities so that every stakeholder can fully play his part in a democratic and responsible manner, with a view to setting up a decentralized, concerted and transparent education management system.

16. The goals of the health/nutrition programme are to: (a) eradicate poliomyelitis; (b) eliminate neonatal tetanus; (c) eliminate measles; (d) achieve and maintain a vaccination rate of 90 per cent for every antigen; (e) add new vaccines to the immunization schedule; (f) develop microplanning at the district level; (g) eliminate micronutrient deficiencies (vitamin A, iodine); (h) put clinical and community IMCI into general use in at least 50 per cent of health districts; and (i) ensure effective coverage of pregnant women and of 70 per cent of children under five in terms of essential preventive care and treatment (immunization, use of impregnated mosquito nets, prenatal and obstetric care, exclusive breastfeeding, micronutrient supplements, hygiene, HIV/AIDS prevention, proper management of the main childhood diseases, etc.) in districts where IMCI is applied.

17. The goals of the child protection and communication programme are: (a) to help through communication activities, attain the goals of sectoral programmes in the areas of immunization, the fight against HIV/AIDS, combating malaria, early childhood development and education for girls; (b) to support the Government in implementing its child welfare policy and strategy; (c) to continue advocacy and social mobilization concerning children's and women's rights; (d) to support the Government in its fight against child labour, the exploitation of children placed in families and juvenile delinquency; and (e) to reduce from 27 to five per cent the proportion of unregistered children.

18. All the sectoral programmes will contribute to the attainment of the following goals: (a) to keep the incidence of HIV infection below one per cent at the different levels of society, and (b) to help the Government to develop an emergency preparedness and response plan and to update it at least every two years.

19. Programme management support is covered by cross-sectoral costs.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health/nutrition	1 370	750	2 120
Education	1 000	500	1 500
Child protection and communication	450	250	700
Cross-sectoral costs	579		579
Total	**3 399**	**1 500**	**4 899**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.